EMERGENCY MEDICAL SERVICES AUTHORITY
10901 GOLD CENTER DR., SUITE 400
RANCHO CORDOVA, CA 95670
(916) 322-4336 FAX (916) 324-2875

EMSA has extended the question and answer period for the +EMS Grant Funding Opportunity Announcement to January 10, 2016. Any additional questions should be sent to june.iljana@emsa.ca.gov. Questions and answers will be posted as they come in.

Question	Answer
January 4, 2016:	
1. If a proposal is comprised of a consortium of multiple counties, is that one award or multiple awards?	Undetermined
2. Please define eOutcome data.	eOutcome data is identified by NEMSIS. http://www.nemsis.org/media/ nemsis_v3/ master/SuggestedLists/ NEMSIS_V3_Suggested_List_eOutcome.08.pdf
3. Are requirements final for this opportunity? In the Response to Questions there are at least two references to TBDs from the EMSA advisory subcommittee. It is very difficult to hit a moving target on a budget.	The intent is to allow for flexibility in making proposals that are consistent in spirit with the ONC grant and meet any specifications that are identified. Any details not provided by EMSA should be resolved in the proposal and the proposal will be evaluated holistically. The solutions and methodology are expected to be different in each proposal.
4. On the ALERT measurement – please discuss how to measure when the patient is never transported but the record was transmitted to the ED. How does this transmission impact the measurement?	Propose your solution.
5. On the FILE measurement – hospital governance will determine which records are assimilated into the hospital EHR. There are existing hospital governance rules which are not influenced by EMS or HIO. How will this hospital policy impact	The proposal should include participation commitment by the hospital and your proposed solution and methodology.

the measurement?	
6. RECONCILE measurement – does the eOutcome data have to reside and persist in the ePCR?	Yes
7. On the SEARCH measurement – does a physical transport have to occur to an ED?	No
December 23, 2015	
ELIGIBILITY	
1. Is there any opportunity for an HIO/HIE, with support from the LEMSA, to take the lead on submitting a proposal?	Yes. EMSA has amended the eligibility criteria in the Grant Funding Opportunity announcement to allow non-profit HIOs to submit proposals.
2. Is there a requirement for EMS agencies to be part of the contract and response?	Each proposal must include, at minimum, a letter of support from at least one local EMS agency.
3. Can a proposal include more than one LEMSA?	Yes
4. If more than one LEMSA is part of a coalition, can one be the primary contractor and subcontract with the other(s)?	Yes
5. Was the grant announcement geared toward the LEMSAs in order to make it easier for EMSA to provide funding/contracting to subcontractors?	Yes, to expedite release of funds.
6. Define “region” as used in the announcement.	For the purposes of this grant, “region” was used to allow flexibility for one or more LEMSAs to cooperate on a proposal. One or more LEMSAs, counties or communities would qualify.
7. Does an enterprise HIO meet the requirement for HIO participation?	For the purposes of this grant, an eligible non-profit HIO must facilitate exchange among multiple unaffiliated entities and must have the *ability* to include additional entities that wish to participate.
8. Is there a list of HIOs that would meet	No

eligibility requirements?	
9. Does a proprietary HIE operated by a healthcare and/or hospital system meet the definition of an HIO	For the purposes of this grant, an eligible non-profit HIO must facilitate exchange among multiple unaffiliated entities and must have the *ability* to include additional entities that wish to participate.
10. Will a city or fire district that subcontracts ambulance services be eligible to participate?	Yes, first responders may also participate, however each proposal must include at least one emergency *ambulance* service provider.
11. Is the county owning or managing a hospital a requirement?	No
12. Is EMSA expecting and favoring a consortia model proposal?	EMSA expects the proposal to include LEMSA, HIO, emergency ambulance service and hospital participation. It does not require a legal partnership arrangement or joint venture.
13. Are there any requirements as to the corporate or tax structure of a participating HIE/HIO?	An HIO submitting a proposal for this grant program must be a non-profit entity.
14. What was the process of acquisition and role of the technical advisor?	Not relevant to this grant opportunity
15. Was the Grant Funding Opportunity announcement reviewed by the Office of the National Coordinator for Health Information Technology or any other outside organization?	No
16. How many awards will be granted?	EMSA anticipates granting a minimum of two awards and possibly more if the cost of the projects allows for it.
17. Was Board of Supervisors approval taken into account when the timelines were created?	No
18. Why are you only allocating $700,000 out of the $2.75 million ONC grant for this project?	We initially intended to allocate more of the available grant funds to support development of +EMS, however we determined that it was necessary to be more conservative to ensure

	adequate funds for development of PULSE, the cost of which is currently unknown. Additional funds may be available.
INTELLECTUAL PROPERTY RIGHTS	
19. With regard to all questions related to the paragraph entitled “Rights in Data,” please refer to HHS Grants Policy Statement, Page II-68 regarding “Intellectual Property.” http://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf	
20. With regard to all questions related to the paragraph in the sample contract entitled “Intellectual Property Rights,” that paragraph has been removed.	
APPLICATION PROCESS	
21. Will EMSA extend the proposal submittal date?	No
22. Are grant submissions public documents subject to disclosure under federal or state statute or regulation?	Yes, grant applications are public documents. Do not submit proprietary information in your proposal.
23. Must all subcontracts be negotiated and signed by the submission date?	No
24. Is a letter of intent/letter of support considered sufficient evidence of participation for each party at the time of grant submission?	Yes
25. Can the service level agreements be with the HIO instead of the LEMSA?	Yes
26. What do we need to provide to EMSA with regard to service level agreements between partners?	Validate that you have agreements and indicate that they are available for auditing purposes.
SCORING	
27. Will delayed milestones impact the scoring of a proposal?	Each proposal will be evaluated holistically. A sound schedule is of more value than one that adheres to the dates in the announcement.
28. Will additional points be awarded for	No

proposing to meet the milestones sooner?	
29. Would focusing the project to a target area within the region and specific ambulance units within an agency impact the scoring of a proposal?	Proposals will be scored, in part, based on the impact of the project such as: the size/population of the target area, the population served by participating EMS providers and hospitals, the proportion of hospitals and EMS providers that could potentially participate who agree to participate, and the number of participants.
30. Will additional points be offered for added functionality that isn't in the grant announcement, such as enabling the ED to send instructions to the EMS crew on scene or enroute or documenting orders for controlled substances?	Proposals that meet the minimum requirements will be scored based on best value for cost. Additional functionality may strengthen the proposal. The proposal should provide a description of the functionality and rationale.
NEMSIS	
31. By what date does the requirement for NEMSIS 3.4 compliance have to be met? Is there any flexibility in that requirement?	NEMSIS 3.4 compliance is required by the end of the grant period. There is no flexibility in that requirement.
32. If a LEMSA expects to be NEMSIS compliant by Dec. 31, 2016, will that impact scoring?	No
33. Which version of NEMSIS 3 (or minimum version) will the eligibility be based on?	Any milestones completed before Jan. 1, 2017 can be in either NEMSIS 3.3.4 or NEMSIS 3.4. Any milestones completed after Jan. 1, 2017 must be in NEMSIS 3.4.
34. Will the LEMSA be required to submit data in the version for eligibility or the latest version at the time of submittal to CEMSIS?	Any current version.
SAFR FUNCTIONALITY	
35. Is there an expectation that the LEMSA will receive the EHR or hospital ED data?	Not directly. The information received by the ePCR during the RECONCILE function should be aggregated and reported in a way that allows the LEMSA to use it for system evaluation and improvement.

36. Is there an expectation that the LEMSA will be inserted into the SAFR workflow?	No
37. Are there any required specifications on the connection type between the EMS agency and the hospital for the transmission of ALERT, FILE and/or RECONCILE messaging?	No
38. Assuming multiple EMS agencies participate in a project using different ePCR vendors, is it permissible for one agency to participate in all the SAFR components and the other(s) to implement only some of the functions?	Yes. At minimum, one emergency ambulance service provider/hospital team must successfully use all three (or four, if proposed) functions for 10% of patient encounters.
39. With multiple hospital systems participating, is it acceptable for them participate at different levels?	Yes. At minimum, one emergency ambulance service provider/hospital team must successfully use all three (or four, if proposed) functions for a single patient encounter.
40. Will all grantees be required to demonstrate that they have all of the required functionalities, including those that they may already have in place?	Yes, grantees will have to provide metrics for all required functions. Baseline measurements and a change will be required.
41. Can an ambulance provider + HIO + LEMSA specify and demonstrate an alternate workflow that meets the spirit of EMS + HIE interoperability instead of structured data elements arriving correctly in an ePCR software environment?	That does not meet ONC grant objectives for which we are funded.
SEARCH FUNCTIONALITY	
42. Define the setting and context that SEARCH would be applied.	For the purposes of this grant, SEARCH is intended to occur at any point prior to transferring care to the ED. Preferably, this capability is available on scene.
43. Can the SEARCH function and display of the information be accomplished via a website or portal instead of within the	It is EMSA's intent to streamline workflow by requiring SEARCH to be accomplished within the ePCR. Responses that clearly outline an alternative

ePCR?	workflow using a portal may be considered.
44. In determining the success of the SEARCH functionality, what impact is given to identified patients for whom no information resides in the linked EHR?	A search in which a record is retrieved or in which no record is found because no record is available, is a successful search. Failure to search with demographic information or a search which does not return a record although a record exists in the EHR or HIO is not a successful search. A patient with no available demographic information is not an eligible record.
45. Is there a minimum data set of demographic and clinical data to be returned from the hospital to EMS in the SEARCH function to be deemed successful?	No, please propose. We expect that awardees will participate in the EMSA advisory subcommittee discussing data standards to help determine a minimum data set.
46. Is the data returned during the SEARCH function expected to populate the ePCR fields?	Yes, it should be available to populate the fields if selected.
47. Is there a prescribed or preferred minimum data set to be returned from the HIO to the ePCR as a result of a successful SEARCH?	We believe that problem list, medications, and allergies are minimal.
ALERT FUNCTIONALITY	
48. Does STEMI 12-lead transmission meet the ALERT functionality?	Not by itself. Transmission of collected NEMSIS data should also be available.
49. Does a dashboard to ALERT hospitals that ambulances are coming to them from the field with a certain type of patient, e.g. primary impression, meet the ALERT functionality?	Yes. Additional information should also be available. Proposer should provide a description of the anticipated fields.
50. Are there any mandatory information items that will be required as part of ALERT deliverables?	No
51. Is it necessary for elements of data returned from the HIO as a result of a	No

successful search to be forwarded to the hospital in the ALERT feature?	
52. Is Direct transmission acceptable for the ALERT function?	Yes
53. The metrics for the ALERT function on page 15 is actually the metrics for the SEARCH function.	That has been corrected.
54. Is there a requirement for what patient information should be displayed on the hospital dashboard during the ALERT function?	No. Please propose.
55. Are there specifications for how the dashboard is accessed by hospital personnel?	No, please propose.
56. What constitutes evidence that a patient was displayed on the dashboard prior to EMS arrival?	Applicant will propose how to measure metrics.
FILE FUNCTIONALITY	
57. Is it permissible to send the ePCR to the EHR as a pdf instead of as consumable data if that is the hospital's preference?	The minimum requirement is to populate the EHR with structured data related to the prehospital care experience. A pdf of the ePCR may be sent to the EHR as an *additional* component if preferred.
58. Is there a minimum data set that the hospital must integrate into the EHR in the FILE function to be deemed successful?	No, please propose.
59. Is there benefit to sending additional payloads in the FILE feature to the facility, including PDF, XML data files or other items in addition to the CDA?	Yes, XML data files. PDF is not considered part of this project.
60. Is it required that the HIO consume messages from the ePCR in an HL7 format generated by the ePCR or can the HIO consume native NEMSIS format messages	The HIO may transform the message so that it can best be consumed by an EHR.

and transform the messages into HL7?	
61. Is there a specific CDA document type required for the FILE function of the project?	No, please propose. We expect that awardees will participate in the Subcommittee discussing data standards to help determine a minimum data set.
62. Is the ePCR CDA document type sufficient for the FILE function of the project?	Yes
RECONCILE FUNCTIONALITY	
63. Is there a requirement or preferred viewing capability for the data returned to EMS as a result of the RECONCILE process?	No, NEMSIS 3 eOutcome data preferred. Please propose.
64. If a proposal includes the optional RECONCILE function, does the 10% success rate apply?	Yes
65. Why was the RECONCILE function deemed desired but optional?	EMSA believes RECONCILE to be a critical part of SAFR as outcome measurement and improved population health are project goals. However, it is not included in the ONC grant as a milestone that must be met.
DELIVERABLES	
66. Define “eligible records” for each SAFR function.	SEARCH: An eligible record is one for which patient demographic or other patient identification is available. Metric: Number of searches in which a record is retrieved or in which no record is found, out of the number of patients for which demographic data is available to the EMS crew. ALERT: An eligible record is one that the EMS provider determined was appropriate for transmission to the ED based on patient status. Metric: Number of records transmitted to and displayed on ED dashboard(s) out of the number of patients transported to the hospital(s). FILE: An eligible record is every ePCR on a patient for whom an EHR record exists or will exist. Metric: Number of records consumed as data into the EHR record out of the number of patients transported to the hospital(s).

	RECONCILE: An eligible record is every EHR record that has previously consumed ePCR data. Metric: Number of records where eOutcome data was sent back to the ePCR out of the number of ePCR records consumed as data.
67. With regard to the 10% success requirement, do patients for whom there is no record in the HIO count as a successful search?	For the SEARCH metric, that patient is eligible. A search in which there is demographic or other identifying information available, whether a record is retrieved or no record is found because no record exists, is a successful search. A search which does not return a record although a record exists in the EHR or HIO is not a successful search. For the ALERT metric, all patients are eligible unless the EMS crew determines that patient status precludes an alert. A successful alert is measured by display of patient information on the ED dashboard. For the FILE and RECONCILE metrics, all patients transported to a hospital ED are eligible patients because a record will be created. Successful file and reconcile is measured by transmission and consumption of patient data by the ePCR and the EHR. A patient with no available demographic information is not an eligible record until such time as demographic information is available.
68. Is there any flexibility in the SEARCH and ALERT deadlines for functionality?	EMSA has changed the deadlines for SEARCH and ALERT demonstration to April 30, 2017
69. How will the 3-month time period for metrics be selected.	As proposed by applicant
70. The RECONCILE function deadline is beyond the grant end date.	The RECONCILE function deadline has been changed to June 30, 2017 to be consistent with the end of the grant.
71. Will EMSA consider funding projects that do not include all three required functions (SEARCH, ALERT and FILE)?	No
72. Will you be making community paramedicine projects part of this grant	It is not a requirement, though it would be an interesting addition to a proposal. Only the SAFR

opportunity?	functionality will be funded through this grant.
73. Are there limitations on what items can be included in the soft match?	Anything funded using federal dollars cannot be used to meet the match requirement.
74. Is there a template for status reports?	Not at this time
75. Will the prime contractor be responsible for certifying for all of their subcontractors that measurements are complete and accurate?	Yes
76. How will success of transmission be measured for reporting?	Proposals should include a user testing process.
77. Describe how 10% transmission will be determined.	The method of evaluation should be proposed by the applicant.
78. Is there any flexibility on the dates for the deliverables?	Yes, submit your schedule in your proposal.
FINANCE	
79. If grantees receive progress payments and then don't achieve the metrics do they have to turn the funds back to EMSA?	Yes
80. Is there a requirement for contractor time sheets to be completed?	Time sheets are only required if staff time is being used to meet match requirements.
81. For soft match or cost allocation, is there a method for assigning value of software, interface or other IT-related development to fulfill specific aspects of the project?	The respondent may propose a value if a basis can be documented.
82. Is there a value set for project management time?	Project management time not charged to the grant can be used as in-kind match at the organization's standard hourly rate.
83. Are there any limitations on the cost allocation per hour of staff time?	No, other than to align to prevailing market rates.

84. Is there a preferred methodology for calculating staff time?	No
85. Is there general or specific guidance on cost sharing or soft match allocation between the parties?	No
86. Can the soft match be shared among the governmental parties, private entities and vendors?	Yes
87. Can the grant be used to develop interfaces or other IT-related programming required for successful completion of the grant?	Yes
88. Can the grant be used to purchase off-the-shelf interoperability solutions?	Yes
89. Will payment be tied to milestone achievement?	No, grantees may submit invoices for expenses incurred monthly with the project update.